



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 14-00915-206

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Robert J. Dole VA Medical Center
Wichita, Kansas**

July 8, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of May 5, 2014, at the following CBOC which is under the oversight of the Robert J. Dole VA Medical Center and VA Heartland Network 15:

- Parsons CBOC, Parsons, KS

Review Results: We conducted four focused reviews and made recommendations in all of the review areas:

Environment of Care. Ensure that:

- Processes are improved to ensure hazardous materials are inventoried and tracked at the Parsons CBOC.
- A panic alarm system is installed at the Parsons CBOC.
- Fire drills are performed every 12 months at the Parsons CBOC.
- Personally identifiable information is protected by securing laboratory specimens during transport from the Parsons CBOC to the parent facility or contracted processing facility.
- The door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Parsons CBOC.
- Women veterans can access gender-specific restrooms without entering public areas at the Parsons CBOC.
- All identified environment of care deficiencies at the Parsons CBOC are reported to and tracked by the parent facility's Environment of Care Committee until resolution.
- The parent facility includes staff at the Parsons CBOC in required education, training, planning, and participation in annual disaster exercises.
- The parent facility documents Emergency Management Preparedness-specific training completed for the Parsons CBOC clinical providers.
- The parent facility's Emergency Management Committee evaluates the Parsons CBOC's emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Staff consistently provide written medication information that includes the fluoroquinolone.
- Staff provide medication counseling/education as required.
- Staff document the evaluation of patient's level of understanding for the medication education.

Designated Women's Health Providers' Proficiency. Ensure that:

- All Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–22, for the full text of the Directors' comments.) We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspection was only conducted at a randomly selected CBOC that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ² and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted a physical inspection of the Parsons CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed (continued)	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	There was no evidence of CBOC's inventory of hazardous materials and chemicals were not tracked at the Parsons CBOC with the Center for Engineering, Occupational Safety and Health-developed chemical inventory tracking system or in a database that can be downloaded to a Department-wide chemical inventory tracking system.
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	The Parsons CBOC provides MH services, but did not have an alarm system or panic buttons.
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
X	The CBOC conducts fire drills at least every 12 months.	There was no evidence of fire drills occurring at least every 12 months at the Parsons CBOC.
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	

NM	Areas Reviewed (continued)	Findings
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
X	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Parsons CBOC, personally identifiable information was not protected on laboratory specimens during transport.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not lying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	The examination room designated for women veterans at the Parsons CBOC was not equipped with either an electronic or manual door lock. Gowned women veterans at the Parsons CBOC cannot access gender-specific restrooms without entering public areas.
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff uses privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
X	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	EOC deficiencies at the Parsons CBOC were not reported to and tracked by the parent facility's EOC Committee until resolution.
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	

NM	Areas Reviewed (continued)	Findings
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not include the Parsons CBOC in required education, training, planning, and participation leading up to the annual disaster exercises. The parent facility did not document Emergency Management Plan-specific training for Parsons CBOC clinical providers.
X	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	The parent facility's Emergency Management Committee did not evaluate the Parsons CBOC's emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.

Recommendations

1. We recommended that processes are improved to ensure hazardous materials are inventoried and tracked at the Parsons CBOC.
2. We recommended that a panic alarm system is installed at the Parsons CBOC.
3. We recommended that fire drills are performed every 12 months at the Parsons CBOC.
4. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Parsons CBOC to the parent facility or contracted processing facility.
5. We recommended that the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Parsons CBOC.
6. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Parsons CBOC.
7. We recommended that all identified environment of care deficiencies at the Parsons CBOC are reported to and tracked by the parent facility's Environment of Care Committee until resolution.
8. We recommended that the parent facility include staff at the Parsons CBOC in required education, training, planning, and participation in annual disaster exercises.
9. We recommended that the parent facility documents Emergency Management Preparedness-specific training completed for the Parsons CBOC clinical providers.
10. We recommended that the parent facility's Emergency Management Committee evaluate the Parsons CBOC's emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents. We also reviewed 37 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 14 (38 percent) of 37 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that four of eight RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that two of eight RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

11. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

12. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.^c

We reviewed relevant documents. We also reviewed 36 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 11 (31 percent) of 36 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 10 (28 percent) of 36 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 7 (19 percent) of 36 patients' EHRs.
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 5 (14 percent) of 36 patients.
	The facility complied with local policy.	

Recommendations

13. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

14. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

15. We recommended that staff provide medication counseling/education as required.

16. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.^d

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Nine of 11 DWHPs were not designated with the WH indicator in the PCMM.

Recommendations

17. We recommended that the chief of staff consistently ensures that all Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Hays	KS	589G4	Rural	Mid-Size	319	2,524	1,133	2,755	1,846	3,635	5,846	11,327
Salina	KS	589GW	Rural	Mid-Size	337	2,464	1,649	2,709	2,282	4,550	9,947	16,779
Hutchinson	KS	589G7	Rural	Mid-Size	216	1,857	1,488	2,108	1,136	3,682	7,433	12,251
Parsons	KS	589G5	Rural	Mid-Size	253	1,559	879	1,721	1,740	2,286	4,309	8,335
Dodge City	KS	589G2	Rural	Small	141	1,235	407	1,309	469	2,094	1,829	4,392
Liberal	KS	589G3	Rural	Small	36	324	99	376	142	558	251	951

³ Includes all CBOCs in operation before March 31, 2013.

⁴ Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

⁹ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.¹⁰

CBOC	Specialty Care Services¹¹	Ancillary Services¹²	Tele-Health Services¹³
Hays	Anti-Coagulation Clinic	Diabetic Retinal Screening Electrocardiography Social Work	Tele Primary Care
Salina	Anti-Coagulation Clinic	Diabetic Retinal Screening MOVE! Program ¹⁴ Electrocardiography	Tele Primary Care
Hutchinson	Anti-Coagulation Clinic	Diabetic Retinal Screening MOVE! Program Electrocardiography	Tele Primary Care Tele Case Management
Parsons	Anti-Coagulation Clinic	Diabetic Retinal Screening	Tele Primary Care
Dodge City	Anti-Coagulation Clinic	---	Tele Primary Care
Liberal	---	---	---

¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

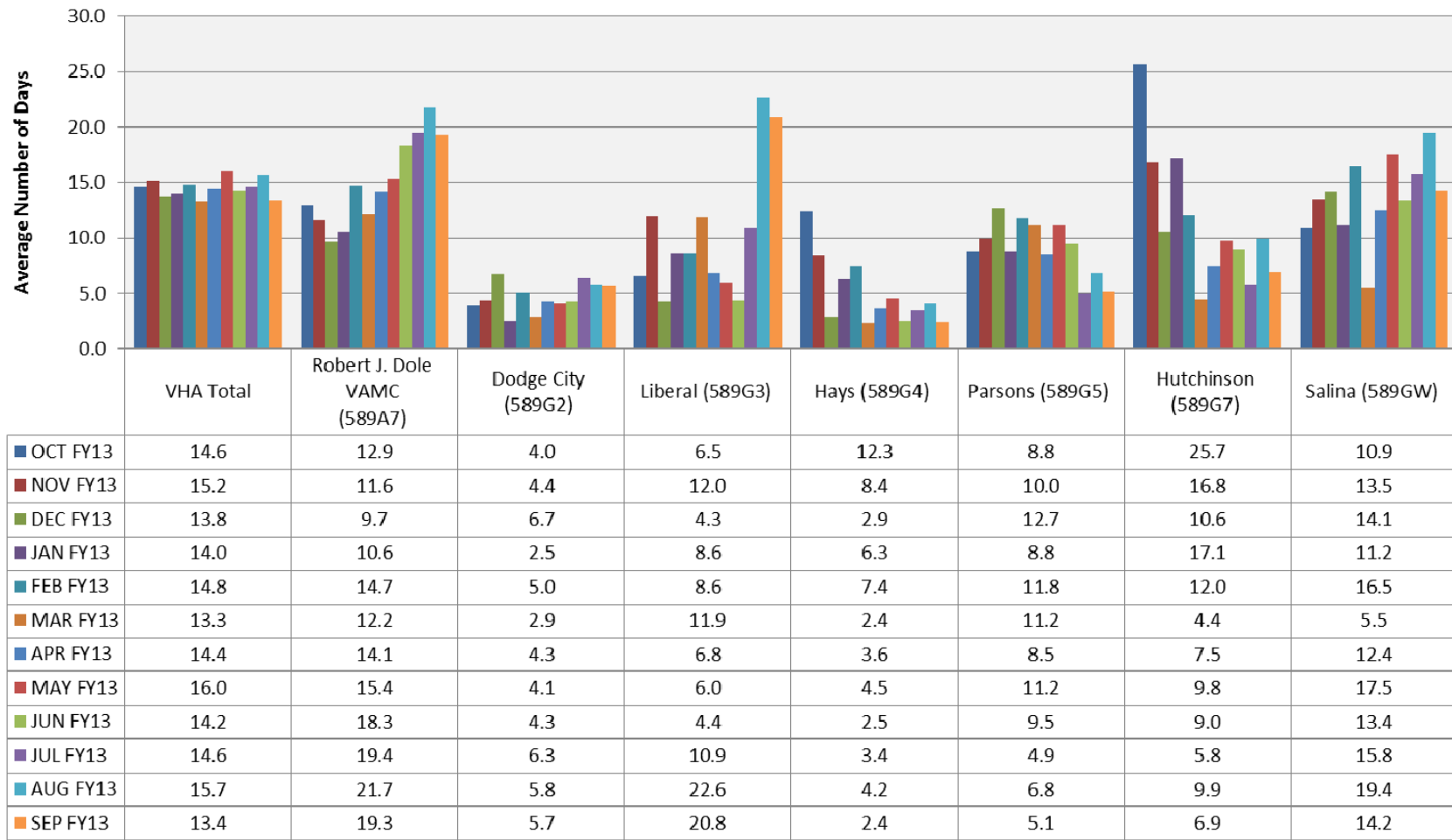
¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

¹³ Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

¹⁴ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

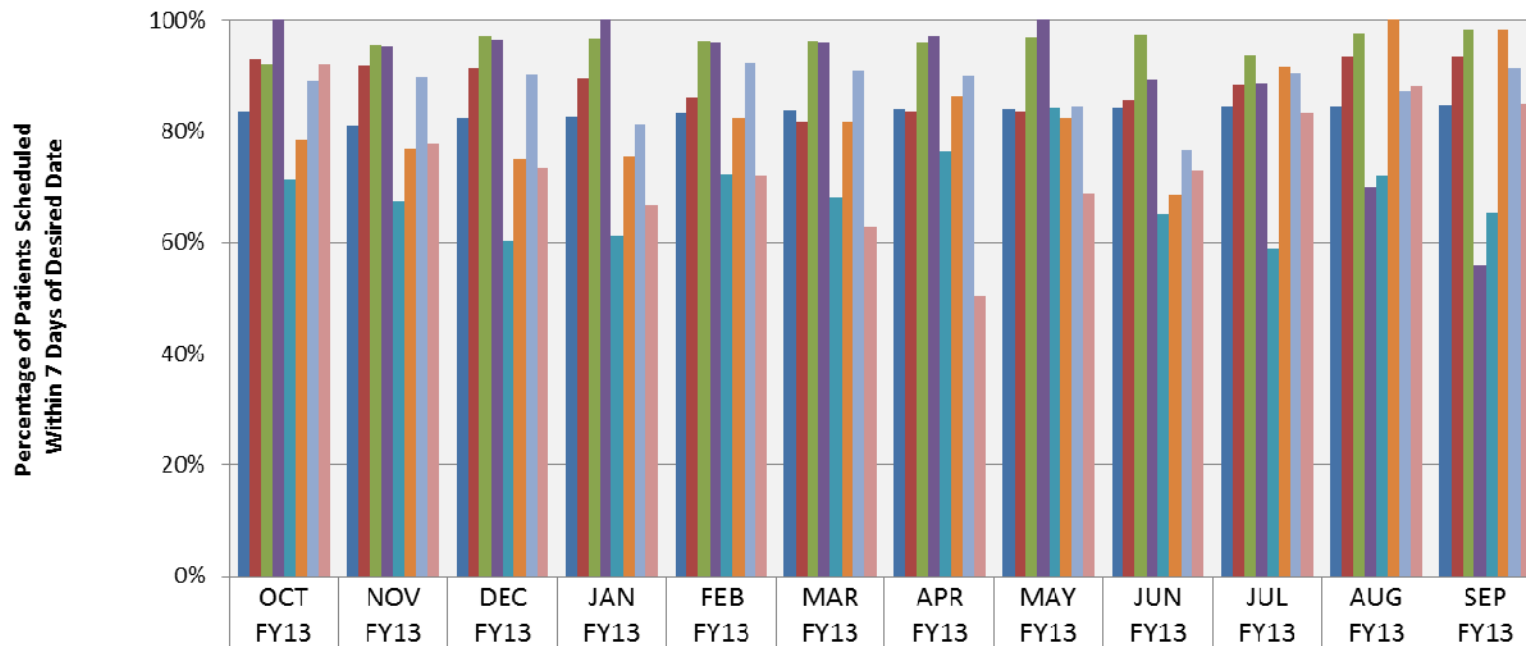
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



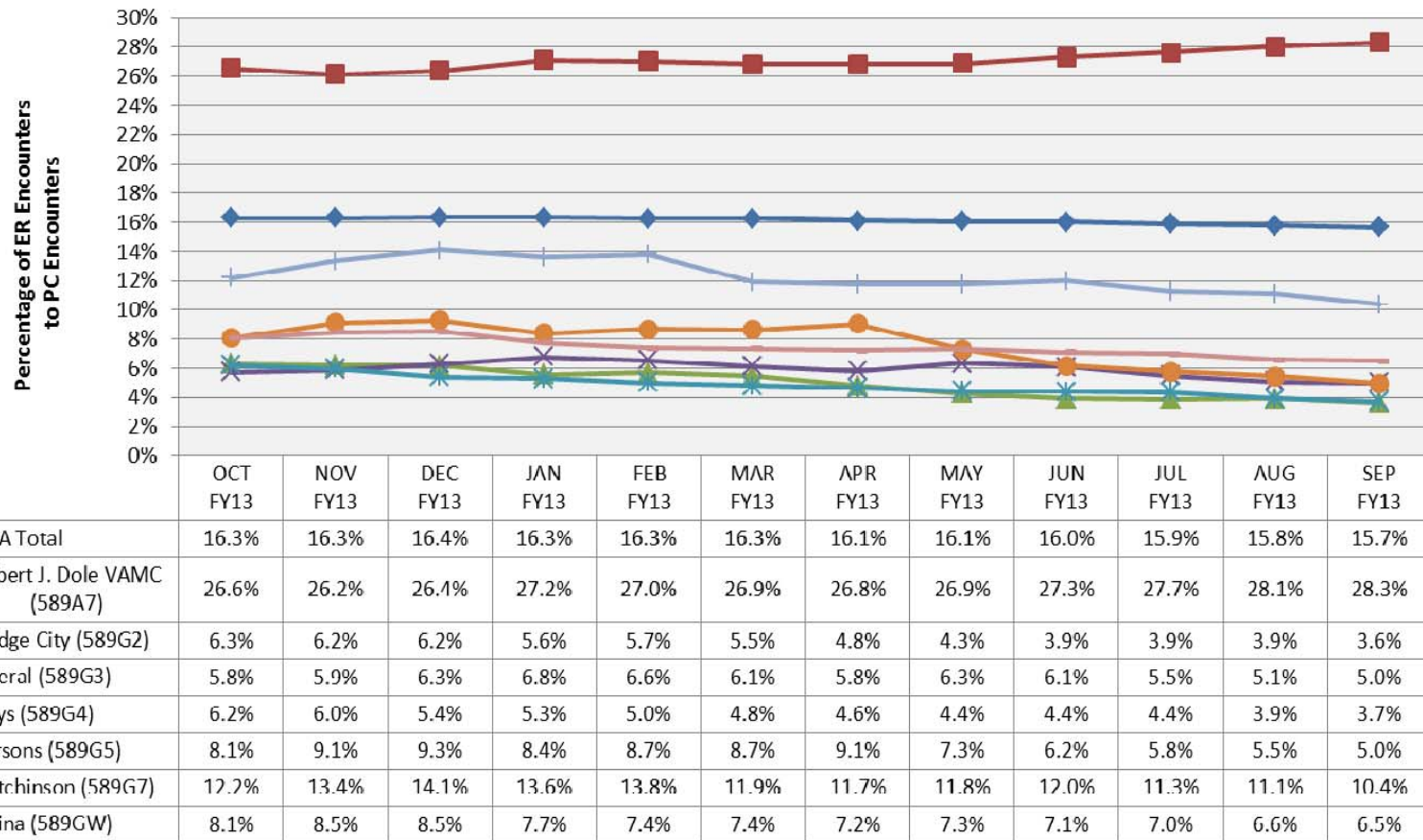
Data Definition.^e The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

FY 2013 Established PC Prospective Wait Times 7 Days

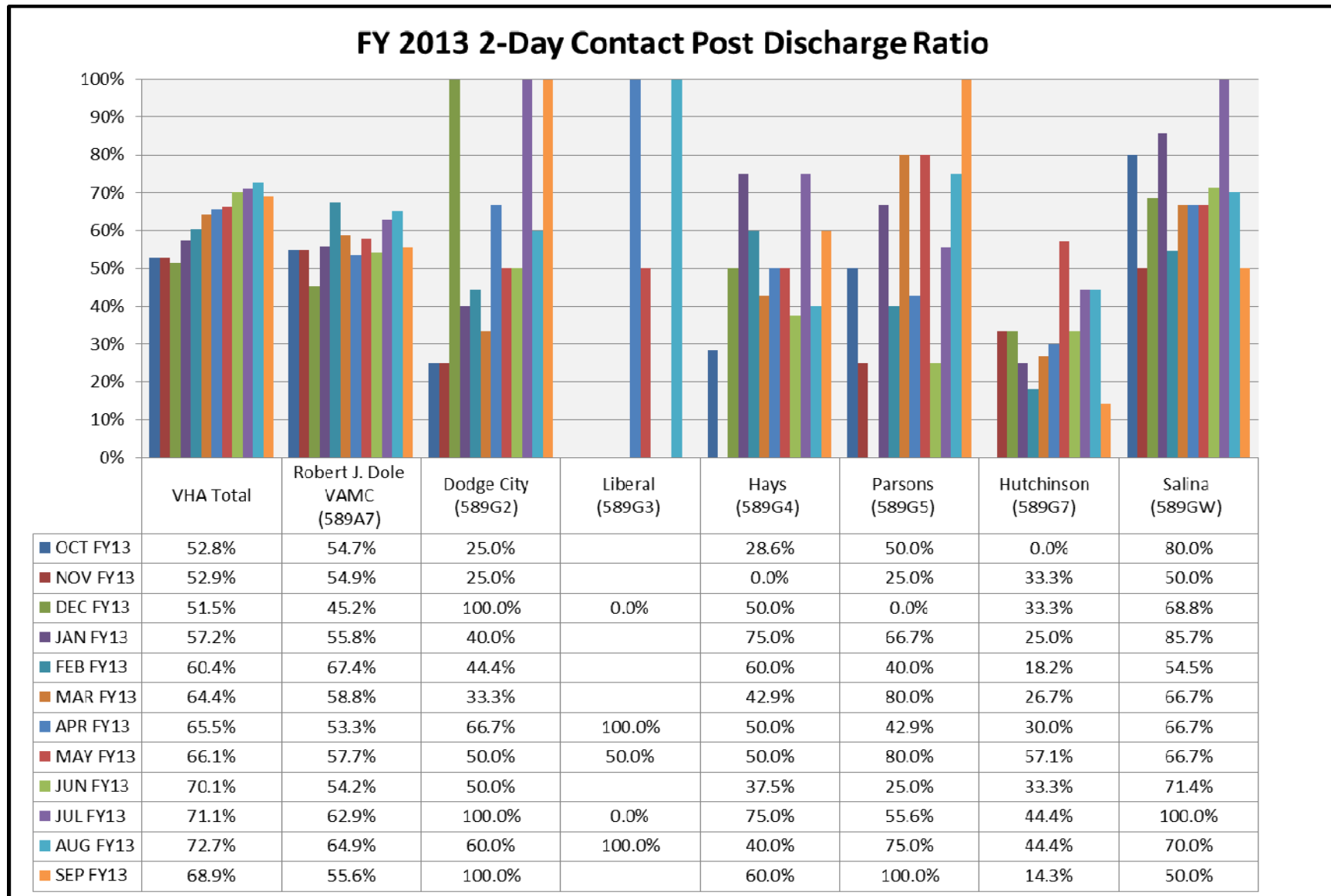


Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



Data Definition.^e This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.



Data Definition.^e Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 9, 2014

From: Director, VA Heartland Network (10N15)

Subject: **CBOC and PCC Reviews of the Robert J. Dole VA Medical Center, Wichita, KS**

To: Director, Kansas City Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

Attached, please find the initial status response for the Community Based Outpatient Clinic and Primary Care Clinic Review for the Robert J. Dole VA Medical Center, Wichita, KS (Conducted the week of May 5, 2014).

I have reviewed and concur with the Medical Center Director's response. Thank you for this opportunity to focus on continuous performance improvement.

For additional questions, please feel free to contact Mary O'Shea, VISN 15 Quality Management Officer at 816-701-3000.

(original signed by:)

WILLIAM P. PATTERSON, MD, MSS
Network Director
VA Heartland Network (VISN 15)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 28, 2014

From: Director, Robert J. Dole VA Medical Center (589A7/00)

Subject: **CBOC and PCC Reviews of the Robert J. Dole VA
Medical Center, Wichita, KS**

To: Director, VA Heartland Network (10N15)

1. I have reviewed and concur with the findings and recommendations in the Community Based Outpatient Clinic and Primary Care Clinic Reviews at the Robert J Dole VA Medical Center.

2. Attached are the corrective action plans with target completion dates as detailed in the attachment.

(original signed by:)

Carol Kaster MA, RN
Acting Medical Center Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that processes are improved to ensure hazardous materials are inventoried and tracked at the Parsons CBOC.

Concur

Target date for completion: December 30, 2014

Facility response: An inventory sheet with hazardous materials listed has been developed for the Parsons CBOC. The inventory will be reviewed, tracked and reported every 6 months to the Environment of Care Committee by the Safety Director.

Recommendation 2. We recommended that a panic alarm system is installed at the Parsons CBOC.

Concur

Target date for completion: August 1, 2014

Facility response: The request for a panic alarm system for all CBOCs was submitted to contracting in Leavenworth earlier this year with approval to purchase in May 2014. Vendor contact has been made but waiting to hear delivery date. The system will be personal alarms that are worn and when activated by the employee an alert goes to all computers in the CBOC. Education and training will occur upon arrival. Testing of the system will occur monthly with a report to the Safety Director then submitted for tracking through the Environment of Care Committee.

Recommendation 3. We recommended that fire drills are performed every 12 months at the Parsons CBOC.

Concur

Target date for completion: September 30, 2014

Facility response: Fire drills will be conducted every 12 months with submission of a report to the Environment of Care Committee.

Recommendation 4. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Parsons CBOC to the parent facility or contracted processing facility.

Concur

Target date for completion: September 30, 2014

Facility response: The CBOC Coordinator and Laboratory Supervisor reviewed the security of the laboratory specimens. Veterans' paperwork was already being secured in special keyed envelopes. Laboratory specimen containers were reviewed. It was decided to order Nylon Stainless Steel Barb Inlay Cable Ties to place on the outer transport bags. The CBOC and facility's Laboratory staff was educated via memo about the new product on June 6, 2014. The special ties were sent to all CBOCs on June 6 and usage to begin on June 9. Checks for placement of the ties on the transport containers will occur upon arrival in the Laboratory. If the tie has been tampered with, a Duty to Report form will be completed. Monitoring will occur for 3 months with report to Quality Performance Council.

Recommendation 5. We recommended that the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Parsons CBOC.

Concur

Target date for completion: August 1, 2014

Facility response: We plan to place a locked door in the Parson's CBOC for the women's examination door.

Recommendation 6. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Parsons CBOC.

Concur

Target date for completion: January 31, 2015

Facility response: In order to provide women veterans access to a restroom directly from the women's exam room without the need to go through a public hallway, we are exploring the options to convert an exam room to a Women's restroom. Administrative controls are currently in place for this location to ensure patients' dignity that follow handbook requirements—patients are offered use of toilet prior to disrobing for exam. If a patient is in a gown and indicates the need to use the restroom which is in a public area, staff have been directed and will accommodate the patient to redress if they choose prior to exiting the exam room. If the patient voices concern about time to dress, staff have access to drapes/sheets/additional gowns to cover patient to assure no exposure.

Recommendation 7. We recommended that all identified environment of care deficiencies at the Parsons CBOC are reported to and tracked by the parent facility's Environment of Care Committee until resolution.

Concur

Target date for completion: September 30, 2014

Facility response: The Environment of Care Committee minutes have been expanded to include tracking items to completion. An Environment of Care Rounds Committee has been established to review monthly the findings on the Environment of Care rounds and will report to the Environment of Care Committee monthly. Environment of Care rounds will begin usage and training of tablets during their rounds in June 2014. The tablet has capabilities to record, print, and send data to area managers for follow-up and can all be downloaded into the Environment of Care Rounds Committee minutes for resolution then to the Environment of Care Committee meeting.

Recommendation 8. We recommended that the parent facility include staff at the Parsons CBOC in required education, training, planning, and participation in annual disaster exercises.

Concur

Target date for completion: September 30, 2014

Facility response: The Emergency Management Chief will involve CBOC staff in facility annual disaster exercises with reports to the Emergency Management Committee and then to the Environment of Care Committee. Televideo is being established to allow participation in the Emergency Management Committee planning for emergency exercises. Educational presentations are being developed and participation will be electronically tracked.

Recommendation 9. We recommended that the parent facility document Emergency Management Preparedness-specific training completed for the Parsons CBOC clinical providers.

Concur

Target date for completion: September 30, 2014

Facility response: The Emergency Preparedness Chief will have the CBOCs use a sign-in sheet with each training or educational opportunity. All Emergency Preparedness specific training including Parson will be documented in the monthly Emergency Management meeting minutes which then are reviewed in the Environment of Care meeting and placed in that meeting minutes.

Recommendation 10. We recommended that the parent facility's Emergency Management Committee evaluate the Parsons CBOC's emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Concur

Target date for completion: September 30, 2014

Facility response: The Emergency Management committee will document their evaluation of exercises in the minutes of the committee. Upon conduction of exercises there will be an evaluation the Emergency Management Committee which then will be reported to the Environment of Care Committee.

Recommendation 11. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: October 31, 2014

Facility response: The Director of CBOC/ Primary Care reviewed the Clinical Reminder for Alcohol Audit C and added a follow-up section. An email to educate Primary Care Providers was sent on June 5, 2014 and further education/clarification will be provided at the Primary Care monthly staff meeting on July 3. Audits will be conducted as follow-up until there is 90 percent compliance.

Recommendation 12. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: October 31, 2014

Facility response: CBOC/Primary Care Clinic Registered Nurse Care Managers will receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams. A tracking process is in place for the Nurse Care Managers that is maintained by the Health Promotion/Disease Prevention Coordinator.

Recommendation 13. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: October 31, 2014

Facility response: The Director of Primary Care, Chief of Quality Management, Pharmacy Chief, Associate Chief of Pharmacy, CBOC Coordinator and Survey Coordinator met to review and refine the Medication Reconciliation process template. Primary Care staff was educated via email on June 5, 2014 on completing Medication Reconciliation. Further clarification/education will occur at the Primary Care monthly meeting on July 3. Audits will occur until 90 percent compliance is reached.

Recommendation 14. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: October 31, 2014

Facility response: Primary Care staff was educated via email on June 5, 2014 on providing written information on fluoroquinolone. Further clarification/education will occur at the Primary Care monthly meeting on July 3. Audits will occur until 90 percent compliance is reached.

Recommendation 15. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: October 31, 2014

Facility response: Primary Care staff was educated via email on June 5, 2014 on providing counseling/education as required. Further clarification/education will occur at the Primary Care monthly meeting on July 3. Audits will occur until 90 percent compliance is reached.

Recommendation 16. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: October 31, 2014

Facility response: Primary Care staff was educated via email on June 5, 2014 on evaluating the patient's level of understanding for medication education. Further clarification/education will occur at the Primary Care monthly meeting on July 3. Audits will occur until 90 percent compliance is reached.

Recommendation 17. We recommended that the chief of staff consistently ensures that all Designated Women's Health Providers are designated with the women's health indicator in the Primary Care Management Module.

Concur

Target date for completion: Completed May 30, 2014

Facility response: The facility has completed the designation of all Designated Women's Health Providers in the Primary Care Management Module. New providers involved in Women's Health care will be designated in the Primary Care Management Module.

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Endnotes

^a References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
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- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
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- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

^b References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2_013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
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^c References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

^d References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

^e Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.